

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

ResCare Advocacy Fund

ADDRESS (number and street)

9901 Linn Station Road

Check if different  
than previously  
reported. (ACC)

Louisville

KY

40223

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344663

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2009

through

04

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KEN LOVAN

Signature of Treasurer

Electronically Filed by KEN LOVAN

Date

05

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ResCare Advocacy Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		77190.16
(b) Cash on Hand at Beginning of Reporting Period .....	92077.55	
(c) Total Receipts (from Line 19) .....	6090.76	26478.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	98168.31	103668.31
7. Total Disbursements (from Line 31) .....	3750.00	9250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94418.31	94418.31
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
ResCare Advocacy Fund

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1572.74	4522.52
(i) Itemized (use Schedule A) .....	4518.02	19955.63
(ii) Unitemized .....	6090.76	24478.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6090.76	24478.15
12. Transfers From Affiliated/Other Party Committees .....	0.00	2000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6090.76	26478.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6090.76	26478.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	1500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3250.00	5750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3750.00	9250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3750.00	9250.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6090.76	24478.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6090.76	24478.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

RALPH G GRONEFELD

Mailing Address 4106 Willow Reed Place

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

CEO/President/CSG President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1443.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

Transaction ID: A8006BBF173C64C8D947

Amount of Each Receipt this Period

208.57

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW J OTTIGER

Mailing Address 280 E. Columbus St

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare

Occupation

Regional Dir Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

Transaction ID: ACFC329DEC283451296A

Amount of Each Receipt this Period

29.79

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN P BRUNET

Mailing Address 420 Trinity Hills Ln

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Senior Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

Transaction ID: A5B7163CE9C3A4F07A08

Amount of Each Receipt this Period

54.17

SUBTOTAL of Receipts This Page (optional) .....

292.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

DAVID W MILES

Mailing Address 620 Woodlake Dr

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Exec VP Finance/Admin CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: AE4BBF14E5BC34C83A68

Amount of Each Receipt this Period

54.17

**B.**

Full Name (Last, First, Middle Initial)

RICHARD L TINSLEY

Mailing Address 2108 Highland Springs Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: A8185F2C5221E4EC496B

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

DARYN L DEMERITT

Mailing Address 2039 Douglass Blvd #5

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: AC428E83E4154444EB78

Amount of Each Receipt this Period

54.17

**SUBTOTAL** of Receipts This Page (optional) .....

138.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

PATRICK G KELLEY

Mailing Address 103 Oak Hill Ct

City

Mt. Washington

State

KY

Zip Code

40047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

CSG President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: A0123D062C2B34763805

Amount of Each Receipt this Period

108.33

**B.**

Full Name (Last, First, Middle Initial)

MIKE ROSE

Mailing Address 3018 Autumn Hill Trail

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Executive VP Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: A33387866A62F4059A3C

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

KEN LOVAN

Mailing Address 700 Fairway St

City

Bowling Green

State

KY

Zip Code

42103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

SR VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: AEBF243D895E748648DB

Amount of Each Receipt this Period

81.25

**SUBTOTAL** of Receipts This Page (optional) .....

229.58

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

DIANE RATH

Mailing Address 419 Wiltshire Ave

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: AD425EF529FF3416CA00

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

PAUL G DUNN

Mailing Address 7621 Yaupon

City

Austin

State

TX

Zip Code

78759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: A4637BC42C8504919B67

Amount of Each Receipt this Period

43.75

**C.**

Full Name (Last, First, Middle Initial)

GEORGE K CROCKER

Mailing Address 1122 Colorado  
Suite 2104

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR E&T

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: A6C6474EC65064C4594D

Amount of Each Receipt this Period

34.67

**SUBTOTAL** of Receipts This Page (optional) .....

128.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

Gregory Heck

Mailing Address 211 Arrowwood Estates Rd

City

Du Quoin

State

IL

Zip Code

62832-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare

Occupation

Executive Director I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A0D8D175992944C8CACD

Amount of Each Receipt this Period

-5.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW J OTTIGER

Mailing Address 280 E. Columbus St

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare

Occupation

Regional Dir Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A76FDC35DBD344F94BB6

Amount of Each Receipt this Period

29.79

**C.**

Full Name (Last, First, Middle Initial)

GEORGE K CROCKER

Mailing Address 1122 Colorado  
Suite 2104

City

Austin

State

TX

Zip Code

78701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR E&T

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A7B33499B0185415E895

Amount of Each Receipt this Period

34.67

**SUBTOTAL** of Receipts This Page (optional) .....

59.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

RALPH G GRONEFELD

Mailing Address 4106 Willow Reed Place

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

CEO/President/CSG President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1652.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: ADEF37432E76D42A9AFA

Amount of Each Receipt this Period

208.57

**B.**

Full Name (Last, First, Middle Initial)

DIANE RATH

Mailing Address 419 Wiltshire Ave

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A2E0E22057FCE42A08B5

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL G DUNN

Mailing Address 7621 Yaupon

City

Austin

State

TX

Zip Code

78759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.89

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A660B9FFE5FE34B41BA3

Amount of Each Receipt this Period

43.75

**SUBTOTAL** of Receipts This Page (optional) .....

302.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN P BRUNET

Mailing Address 420 Trinity Hills Ln

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Senior Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.19

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A5234447ACAF04AB891B

Amount of Each Receipt this Period

54.17

**B.**

Full Name (Last, First, Middle Initial)

DARYN L DEMERITT

Mailing Address 2039 Douglass Blvd #5

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.19

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A7FFB11BE60414165920

Amount of Each Receipt this Period

54.17

**C.**

Full Name (Last, First, Middle Initial)

RICHARD L TINSLEY

Mailing Address 2108 Highland Springs Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A02EF463E92C74D96B99

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

138.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

MIKE ROSE

Mailing Address 3018 Autumn Hill Trail

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Executive VP Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: AA4CE3080B0FC40D4823

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

KEN LOVAN

Mailing Address 700 Fairway St

City

Bowling Green

State

KY

Zip Code

42103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

SR VP Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A519404D2B68C49AA8B5

Amount of Each Receipt this Period

81.25

**C.**

Full Name (Last, First, Middle Initial)

PATRICK G KELLEY

Mailing Address 103 Oak Hill Ct

City

Mt. Washington

State

KY

Zip Code

40047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

CSG President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.31

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: A94FC3FA172E343ABAF

Amount of Each Receipt this Period

108.33

**SUBTOTAL** of Receipts This Page (optional) .....

229.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

**A.**

Full Name (Last, First, Middle Initial)

DAVID W MILES

Mailing Address 620 Woodlake Dr

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ResCare, Inc.

Occupation

Exec VP Finance/Admin CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	9	

Transaction ID: ABCE0D1DA1B1A40B98FF

Amount of Each Receipt this Period

54.17

SUBTOTAL of Receipts This Page (optional) .....

54.17

TOTAL This Period (last page this line number only) .....

1572.74

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ResCare Advocacy Fund

A.

Full Name (Last, First, Middle Initial)

Reelect Strickland for Senate 2012

Mailing Address PO Box 1371

City  
Thousand Oaks

State  
CA

Zip Code  
91358

Purpose of Disbursement  
PAC Contribution

Candidate Name  
Senator Tony Strickland

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District:

Transaction ID: B132FEE9415194255B27

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ResCare Advocacy Fund**A.** Full Name (Last, First, Middle Initial)  
Campaign Fund of Patrick Williams

Mailing Address PO Box 945

City Shreveport State LA Zip Code 71163-0945

Purpose of Disbursement  
PAC Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BB60F4A1787E34DF9946

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Campaign Fund of Senator Heitmeir

Mailing Address PO Box 740338

City New Orleans State LA Zip Code 70174

Purpose of Disbursement  
PAC Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BDE45EB771E224BF08D6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Campaign Fund of Senator Lydia Jackson

Mailing Address 108 Plano Street

City Shreveport State LA Zip Code 71103

Purpose of Disbursement  
PAC Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B169C7440D7C6411F8CA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
ResCare Advocacy Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Michigan Brain Injury Provider Council	<b>Transaction ID:</b> BCFE00E12B10F462D938 <b>Date of Disbursement</b>
Mailing Address 7305 Grand River; Ste 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 9</div> </div>
City Brighton State MI Zip Code 48114-7379	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Contribution Candidate Name	<div>250.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2009	
<b>B.</b> Full Name (Last, First, Middle Initial) Representative Fred Mills Campaign Fund	<b>Transaction ID:</b> BB453EC5F5B304E0A852 <b>Date of Disbursement</b>
Mailing Address 1010 Martin Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 0 9</div> </div>
City Parks State LA Zip Code 70582	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Contribution Candidate Name	<div>250.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Campaign fund of Representativ Kay Katz	<b>Transaction ID:</b> B5C3D38A2BF334053AB1 <b>Date of Disbursement</b>
Mailing Address 2905 Lamy Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 0 9</div> </div>
City Monroe State LA Zip Code 71201-3111	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Contribution Candidate Name	<div>250.00</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>750.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ResCare Advocacy Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Eric LaFleur Campaign	<b>Transaction ID:</b> B8E53B52AE3214163A6D <b>Date of Disbursement</b>																				
Mailing Address PO Box 617	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	9												
City Ville Platte State LA Zip Code 70586	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LA-28 State Senate	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Campaign Fund of Joel Chaisson	<b>Transaction ID:</b> B6BF19009B3E3416D8E3 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1255	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	0	9												
City Destrhan State LA Zip Code 70047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Contribution	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

3250.00